



AOTS 13. Driving and OST

Opioids can affect people's driving ability. Although we prescribe prescription medicines that are safe if used as prescribed, the Health and Disability Commissioner has made it clear that opioid substitution treatment (OST) services have an obligation to address clients' driving risk (Case 05HDC09043).

Health practitioners have two main legal obligations relating to fitness to drive under transport legislation. The law requires health practitioners to:

- advise the Transport Agency (via the Chief Medical Adviser) of any individual who poses a danger to public safety by continuing to drive when advised not to
- consider Medical aspects of fitness to drive when conducting a medical examination to determine if an individual is fit to drive.

Some of the factors medical practitioners need to consider when assessing someone's fitness to drive include:

1. The person's ability to drive safely: some people respond less well to some medications so may not be able to drive safely whereas other people on the same medication will be fine so it has to be individual
2. Changing levels and cumulative effects of medications (because some combinations impair driving more than others)

AOTS recommends you avoid driving wherever possible during the stabilisation phase especially when you first go on and your OST dose is being increased and even more so if you are using 'on top'. If you **have** to drive avoid doing so for 2-6 hours after taking OST and at least 4 hours after taking any other drugs (including alcohol).

Once you're on a stable dose AOTS strongly advises that you do not drive if you are tired and/or have consumed alcohol or other medications or drugs (sedatives, cannabis, other opioids, benzodiazepines, and antihistamines). This is because your driving ability will be affected more than in someone who is not on OST. The risk increases when the blood level or clinical effects of OST reach their peak; for methadone this is around 2 - 6 hours after consumption and for buprenorphine it is around 1 - 4 hours after consumption.

3. The Land Transport (Drug Driving) Amendment Act 2022 lists 25 drugs/medications that are seen to have the highest risk of impairing the ability to drive safely. The list includes strong painkillers as well as medications for depression, heart problems, allergies, sleeping, anti-psychotics, nausea, anxiety and medications for addiction treatment including buprenorphine and methadone.

So it's important that you let the doctor and your key worker know about any prescribed or over the counter medications you're taking so they can assess for any possible impact these could have on driving when combined with OST.

4. The type of license and type of driving. For example, AOTS strongly advises clients who drive commercial vehicles or operate heavy machinery etc. to stop driving these vehicles during the stabilisation phase, and once stabilised they will be asked to undergo a minimum of 6 monthly reviews to assess driving safety.
5. Whether the person has any other medical conditions.
6. Other factors that could exacerbate risks such as recent illicit drug use.

All these factors are taken into account when assessing anyone's ability to drive. Medical practitioners need to make a balanced judgement based on all the available information. If they have any doubt as to someone's ability to drive safely they have a responsibility to take steps to reduce that risk.

- Anyone attending CADS who is intoxicated or drug affected will be asked by staff not to drive and to leave their keys with reception for safe keeping. Staff will help organise other transport such as getting the affected person picked up by a friend or a taxi.
- If the person refuses to leave their keys and plans to drive and staff believe there is a serious or imminent threat to public safety or the life or health of the person, staff are then obliged to inform the police. (This is allowed under the Health Information Privacy Code 1994 Rule 11; the information can be provided without having to get client consent.)
- Medical practitioners who report people to the NZTA can't be prosecuted for disclosing personal medical information in these circumstances.
- If a CADS doctor has serious concerns about a client's ability to drive safely, they will discuss this with the client and record this discussion in the client's clinical notes.
- If the client continues to drive the CADS doctor is obliged (in that they don't have a choice) to write to the NZTA Chief Medical Advisor as soon as is practicable stating the reason/s for their concern. (Section 18 of the Land Transport Act 1998 subsection 1(a))
- If the NZTA revokes the client's license, the client receives a letter from the NZTA telling them that their license has been revoked and it will be collected within 14 days. To get the license back, the doctor needs to write to the NZTA Chief Medical Advisor saying the person is now okay to drive.

So, if CADS medical staff advise you not to drive and you continue to do so against their advice, the process will be that:

- staff tell you they are informing NZTA
- NZTA informs you in writing that your license has been revoked
- Baycorp come to your place to collect your license
- the doctor informs the NZTA when they assess it's safe for you to drive again, and
- you get your license back.
- A medical practitioner is still obliged to respond if they are concerned about someone's driving risk but they haven't actually witnessed the person being intoxicated or stoned. This could mean they ask the person to attend more appointments to focus on alcohol and other drug use, or they might request a treatment review. And they might then need to notify NZTA.
- Anyone can voluntarily surrender their own license for a time without giving NZTA the reasons why. If you think it's a good idea that you don't drive for a while there's a form you can fill in for NZTA where you voluntarily hand over your license.
- Instead of driving there are some options that may be available to you:

- Get a lift with a friend
- Use public transport
- Go green: walk, bike or skateboard!

